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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### THOUGHTS ON MIDWIFERY, No. 3.

BY HIRAM CORSON, M.D.,  
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After the close of the discussion on the topics named in my former papers, Dr. H. P. C. Wilson, of Baltimore, related a case of labor followed by hemorrhage. "The labor was normal and no necessity existed for interference, but, at the earnest solicitation of the woman, small doses of chloroform were given, so that consciousness was destroyed just before the birth of the child. The uterus was grasped and made to follow the child, so as to secure expulsion of the placenta and guard against hemorrhage." While the doctor tied the cord, the nurse held the contracted uterus, but as soon as the child was removed the doctor's hand again took charge of the uterus. "The placenta was easily taken away, and though up to that time no hemorrhage had occurred, in a few seconds after blood deluged the bed and ran down upon the floor." And now the doctor flew to the rescue of his patient; one hand, carrying a piece of ice, was pushed into the womb while the other continued its grasp on the abdomen; the womb contracted, pushed the hand and clots out, and all seemed well. Ergot was then given, but in a few minutes the uterus was again enlarged; again the hand and ice were used, with like result, and so on it went, despite ergot (by the mouth, rectum, and hypodermically), and both hands, two times more, all within a very short time; but as the woman's pulse was then frequent and feeble, he again passed his hand for the fifth time into the uterus, and used his finger

nails as a curette, thoroughly "raking" the placental surface, and the hand was expelled. A second raking was, however, given it in a few minutes, because the relaxation of the os and cervix permitted the hand to be pushed in to the womb. "She did not lose a teaspoonful of blood after the first raking." "From his experience in this single case, he said he should, in a future case, where prompt contraction could not be produced, *immediately* use his hand as a curette to the placental surface." He did not think the hemorrhage was due to the use of chloroform, for "in twenty-eight years, though using it in nearly every case, he had only two cases of troublesome post-partum hemorrhages." There was no discussion on this subject then, and I will pass it for the present, to notice the next paper, by Prof. R. A. F. Penrose, of Philadelphia. Allow me to quote somewhat at length from the report of the meeting published in the October No. of the *American Journal of Obstetrics*, edited by Paul F. Mundé, M.D. "The author first spoke of the 'appalling character' of such a hemorrhage, and the necessity for instant and efficient treatment. It was in these cases that knowledge meant life and want of knowledge meant death to the sufferer. A prompt and intelligent treatment he regarded invariably successful." Let us not forget this last sentence; we may have occasion to call it up again. "The most powerful predisposing cause of hemorrhage was a peculiar idiosyncrasy of the woman, which gave rise to a peculiar flaccidity of the uterus; a treatment which would cure one case might be useless in the treatment of another." Dr. Penrose then reviewed the ordinary treatment by cold, injections of warm water to wash out the uterus, injec-

tions of persalts of iron, or tincture of iodine, actual cautery, friction over abdomen, etc. The actual cautery was, he said, the most certain to excite the uterus to contract, but was not allowable, because of the danger to the woman's life; the injection of the persalts of iron, too, was efficient, but the same objection to their use came up, "as their action sometimes resembled that of the red-hot poker;" and the tincture of iodine was seldom at hand. The great desideratum was some remedy accessible, of easy application and efficient, and not likely to produce injurious after-effects, and this he was pleased to say he had found in *common vinegar*. It presented the following advantages:—

"1. It could be easily obtained, easily and instantly applied, and without special apparatus.

"2. It always cured the hemorrhage; or rather, it had never failed in his practice.

"3. It was sufficiently irritating to excite the most sluggish uterus to contraction, and yet not so irritating as to be subsequently injurious.

"4. It was an admirable antiseptic.

"5. It acted on the lining membrane of the uterus as an astringent.

"The remedy was applied as follows: saturate a rag with vinegar, carry it into the cavity of the uterus and squeeze it. In most cases the bleeding ceased as if by magic. But if it should fail he would resort to a solution of the persalts of iron, *though aware that the patient would be placed in a dangerous position from its use*. He believed the salts of iron were seldom or never to be employed for the arrest of post-partum hemorrhage."\* Such are the opinions of Prof. Penrose, and as they will go abroad over the whole land, influencing the opinions and giving character to the practice of thousands of practitioners, it may be useful to scan them closely. There was considerable discussion by members. All agreed that uterine inertia was the cause of the hemorrhage, and uterine contraction the only preventive of it. The vinegar was not regarded with great favor, save by Dr. White, of Buffalo, who "was surprised that it had not occurred to him to use it in this difficulty, as he had for many years used it to arrest hemorrhage when operating about the uterus and vagina." Dr. Thomas, of New York, could see no specific action in vinegar, or iron, or iodine, or alcohol, or hot water; they were only local irritants, and his inquiry "whether the uterine inertia was primary or secondary," was most timely, and should have received more attention. He thought, if well managed, the uterus would almost always con-

tract. Dr. Lyman, of Boston, and Dr. Atlee, of Lancaster, Pa., passed by the vinegar and depended on introduction of the hand. Dr. Albert H. Smith, of Philadelphia, made a few excellent remarks; they were to the point and from positive convictions. "If the uterus was empty it would contract, and if it contracted hemorrhage would cease." To prevent hemorrhage he had for ten years used hot water *in all his cases*, and had come to look upon water at 110° Fahrenheit and a vaginal syringe as an indispensable part of the obstetric armamentarium." He favored turning out clots by the hand. Dr. Campbell, of Georgia, had practiced raising the lower end of the bed, turning out the clots, and using ice on the abdomen and in the vagina. Was favorable to iodine. Dr. Engleman, of St. Louis, used the iron by saturating cotton with it and then carrying it into the womb; "relied on it;" had seen no bad symptoms follow its use. Dr. James Trask, of Long Island, referred to cases where iron had caused death. He always had iodine with him, for use if needed. Dr. Bozeman, of New York, "would have ice in one hand, on the abdomen, while the other was clearing out the uterus; and during all this time the uterus should be firmly grasped, as a surgeon would grasp the femoral artery in secondary hemorrhage." Dr. James Chadwick, of Boston, thought the perchloride of iron dangerous; in one of his patients death followed its use. Dr. Barker thought that if other usual remedies failed, there was no method so good as the introduction of the hand. Dr. Wilson, of Baltimore, had never used iron; "he relied on the hand as the best therapeutic agent."

Here we have the measures resorted to by these eminent men, several of whom are teachers, and we may, therefore, regard them as the best means of safety at our command. And now, what are they? First, in all cases, pressure on the abdomen—and that at once, whether there was hemorrhage or not; or hot water injection, as a preventive; or iron solutions; or iodine; or turning out the clots by the use of the hand, to which, by Dr. Wilson, is added scratching or raking that part of the womb where the placenta had been attached, by the finger nails. Throwing all these aside, Dr. Penrose relies on the mere introduction of a rag wet with vinegar—and he desires us to regard the presence of the vinegar, not the presence of the hand, as the efficient agent in producing contraction; he and some of the others regard the persalts of iron as dangerous to life, and yet, he says, he would use them—not if all other safe means failed, but—if the vinegar should fail. Is not this unsafe teaching

\* pp. 886, 887, Trans. Am. Gynecological Soc.

to the students who listen to him this winter? Shall they go forth to practice instructed, in the event of hemorrhage continuing after the failure to arrest it by "a rag wet with vinegar," to resort at once to a means the action of which he has said "sometimes resembled that of the red-hot poker?" Are there no other means which might follow the vinegar failure? The young man has failed to arrest it by vinegar—which, as already declared by Dr. J. G. Thomas, has no specific action—and then, by direction of his teacher, resorts at once to a remedy which the same teacher has declared is dangerous, sometimes acting like the red-hot poker. Where are the remedies and resources which proved efficient in the hands of Burns and James, 60 years ago, and continued to be a successful treatment in the hands of Dewees, who impressed them on the minds of his class in the University of Pennsylvania half a century since? means which have proved as efficient, too, in the hands of their pupils, during the years from that time to the present, as ever human means have been in any disease. Has Dr. Penrose forgotten those means?—or proved their inefficiency? Or are they ignored, that a new remedy may be introduced which shall be hereafter closely associated in the minds of the profession with the name of its discoverer? The inference is that he believes them valueless, for so conscientious a physician would not wantonly reject any means which gave promise of success; nor would he, occupying the position that he does, discredit the teachings of his eminent predecessors in the Chair of Obstetrics—Professors James, Dewees and Hodge. Have we improved on the teachings and practice of these physicians? was there a single *safe* remedy spoken of in the recent meeting that was not used by them? Burns, to produce contraction of the womb, and thus arrest flooding, used "friction and slight pressure on the belly over the womb; also ice or sudden dashes of cold water on the bare abdomen; and carried a sponge with cold water into the womb by the hand, and even ice itself, with 'happy effects.'" But, he says, "In general, however, the external application of cold will be sufficient to save the patient, and I have never known bad consequences to result from it." In a foot note at page 506 of his *Principles of Midwifery*, published in 1823, he refers to Saxtorph's injections of vinegar and cold water, and to Pasta's use, in the same way, of "alcohol and acids, to cauterize, as it were, the mouths of the uterine vessels, which cannot fail to cause inflammation." And on page 507, in a foot note, he refers to what he calls "a novel

mode of restraining hemorrhage," by carrying a lemon which has been deprived of its skin, so as to expose its cells, into the cavity of the womb, and then, when the uterus begins to contract by reason of the presence of the hand, the lemon must be suddenly squeezed, so as to squirt the juice on to the lining membrane of the womb. Here we see that the introduction of the hand, the friction and pressure on the abdomen, the use of cold water and ice internally and externally, and even the use of the lemon (now so frequently spoken of by young graduates as Dr. Penrose's remedy) and vinegar, were all in use by others and published by Prof. Burns sixty years ago.

Professors James and Dewees, when lecturing to their pupils, fifty years ago, spoke earnestly on this subject, but did not frighten them by exaggerated accounts of the danger of hemorrhage. Dr. Dewees, in his *Midwifery*, says, "It is necessary, in this hemorrhage, that the uterus should contract before it can possibly be arrested, and here, in uterine hemorrhage, I rest my great dependence upon abdominal frictions, the acetate of lead, ergot, cold applications, etc." It was my fortune to hear both those eminent men impress on the minds of their pupils the importance of friction and light pressure, and grasping of the abdomen, to excite the uterus to action—but never that continued, unremitted, heavy pressure now so much in vogue. Dr. Dewees, when speaking of the concealed hemorrhage, says, "the hand must be introduced into the uterus and the coagula suffered gradually to escape, while the uterus is gently stimulated by the hand passing cautiously over its surface, and when it is found to contract upon it, it may be slowly withdrawn." What caution and gentleness are here inculcated, and how confident he is of success. Such teaching produced no alarm in the minds of his pupils. He saw no "appalling" danger. Long and successful experience had shown him that death from hemorrhage would be a very rare thing, even if the patient were without medical aid. Dr. Hodge, too, when teaching the pupils of the University of Pa., depended on like means. If he had believed that the injection of the solution of any substance—iron, or iodine, or any other thing—was dangerous; that it was in its action "somewhat like the red-hot poker," would he have recommended its use, without first resorting to those other means which had always proved successful in the hands of his predecessors, and had never failed in his own? Those eminent men, Burns, James, Dewees and Hodge, were not ignorant in relation to the use of vinegar in

uterine hemorrhage. It had been used, tried effectually, too, not by rubbing a rag wet with it on the surface of a womb so covered with blood that it could not even touch the lining membrane, but, by injection; washing it out, so that the vinegar could touch and stimulate the whole surface. But, though they knew of this treatment, they did not recommend it; they had other safe means at hand.

What were the means used by physicians throughout our State during the forty years preceding the last ten years—for during the last ten the obstetrical art has assumed a new phase—and were they successful? They were those taught by the teachers in the great Philadelphia Colleges: frictions on the abdomen, ergot, removal of clots by introduction of the hand, and repeating this, if needful, again and again; cold applied to the abdomen, or cold water poured from a height on the bare body, in bad cases. In some cases quinine or laudanum, or both. And were these means successful? Almost invariably so. And here let me say that, though flooding after the birth of the child is sometimes alarming, it is never fatal under the care of an intelligent physician, who is not "in a hurry." It is not even a common occurrence where a labor is allowed to go through its first and second stages without interference. As proof of this, even Dr. Wilson, of Baltimore, who opened the subject by the report of a bad case, but which he cured by "raking" the placental surface with his finger nail, stated that, "in an experience of twenty-eight years, he had had only two cases of troublesome post-partum hemorrhage." Only two troublesome cases! Not one fatal one, we infer. There could not have been anything very "appalling" about them. But how has it been with other practitioners? What can they say? I recently inquired of a few physicians who happened to fall in my way—Dr. Traill Green, of Easton, Pa., long time in practice; Dr. John T. Carpenter, of Pottsville; Dr. Nutt, of Williamsport—several physicians, members of the Montgomery County Medical Society, who have been in extensive practice from twenty to forty years—and not one of them had ever lost a case from post-partum hemorrhage. Indeed, I have, thus far, not found one man to report a single fatal case. Some years ago a physician in Philadelphia, who had been sixteen years in a heavy obstetric practice, said he had never lost a single puerperal woman; and Dr. Green informed me, but yesterday, that a former practitioner of Easton, who continued practice until he arrived at a great age, told him that he had never used the forceps, and never lost

a woman in labor. Of my own fifty years' experience I will not now speak.

Is uterine hemorrhage more frequent and more dangerous now than it was twenty or fifteen years ago? If not, why so much alarm sounded in the ears of students? Why are they so strongly urged, in order to prevent its occurrence, to deliver the placenta as quickly as possible after the child has come away; to make pressure, without intermission, over the womb, in all cases; to stay with the woman, not only an hour or two, but, as recommended by Dr. T. G. Thomas, from one to twelve hours; to flood the womb after every labor with water at the temperature of 110° Fahrenheit; to have ice and iodine, lemons and solution of salts of iron, a vaginal syringe and a cruet of vinegar on the table by the bedside? These things do not seem to be necessary if in twenty-eight years an obstetrician like Dr. Wilson, practicing in a great city like Baltimore, never had but two cases that were even troublesome; not one that was alarming save the last—and there he needed, to relieve it, only his finger nails; why then use pressure and friction, and injections of warm water, *in every case*? Why thus alarm the woman and the attendants, who see this fear and anxiety on the doctor's face, and in his hurried and vigilant manner?

If dangerous hemorrhages are more common now than formerly, and I fear they are, and if the hemorrhage depends on uterine inertia, as the assembled gynecologists decided, then what is the cause of that inertia?

The length of this paper compels me to defer thoughts on this subject until you have room for another paper.

#### THE PHYSIOLOGICAL CURE OF HEMORRHOIDS.

BY J. T. EVERETT, M.D.,  
Of Sterling, Illinois.

The first ten cases are not reported to illustrate any originality of treatment, but to contrast the results with those of more recent dates. The vein walls are composed of three coats, an inner epithelial, a middle fibrous and an outer areolar coat. In the hemorrhoidal plexus, this middle coat, from the constant force brought to bear upon it by the column of blood which it has to return into the vena cava, becomes thickened and almost muscular in appearance. The accidental discovery of this semi-muscular condition led me to make an extended examination of various specimens of vein walls from the hemorrhoidal plexus, and the result was, that in a great majority of the cases of chronic piles this condition of things prevailed.

The establishment of this rule suggested the hypodermic use of ergot to produce contractions and absorption of adventitious tissue; on the same principle as we would use the same agent in fibroids; the physiological cure seeming to be much preferable to the radical treatment by caustics, the ligature or the *écraseur*.

The result is manifest in the symptoms and course of the following cases:—

CASE 1.—C. C. G., aged 48, had been afflicted with piles for several years; had tried all the ointments and pile cures extant. Found projecting, externally, a tumor the size of a hen's egg. With hypodermic syringe punctured three of the most prominent lobes, and threw into each 5m tr. ferri chloridi. The pain was agonizing for some hours, producing considerable nervous shock.

Upon the third day the sloughs came off, leaving a healthy granulation, which healed kindly, leaving a broad cicatrix with great induration in surrounding tissues.

CASE 2.—Mrs. A. M. consulted me with reference to a hemorrhoidal trouble induced by retroversion. This was first remedied in the usual manner; then four of the most prominent hemorrhoidal lobes were each treated with 5m injections of half strength tr. ferri chloridi. Pain not as intense as in Case 1. Slight nervous shock and prostration; patient confined to her bed for some days; the blackened, shriveled tumors dropping off on the sixth day, leaving granulating ulcer which healed slowly. One week afterward two internal lobes were exposed and treated in the same manner, with less satisfactory results, taking six weeks for them to heal.

CASE 3.—C. H. W., laboring under an acute attack of hemorrhoids. Gave hypodermic injection of 5m of a solution of equal parts of tr. ferri chlor. and aqueous ergot. In this case the pain was extremely intense for about six hours, accompanied by extreme nervous shock, with rigors, followed by high fever. These symptoms responded to morphia and quinine, and after three or four days convalescence followed, with no untoward symptoms.

CASE 4.—C. N. R. consulted me July 30th, 1874, in reference to troublesome hemorrhoids which had been annoying him for some time. Injected five lobes of the vein with equal parts tr. ferri chloridi and aqueous ergot, but the pain was so intense and the shock so alarming that I despaired of making a reputation as a pile doctor with this remedy. The internal lobes were next treated with pure tr. ferri chlor., under *anæsthesia*, with satisfactory results.

CASE 5.—May 21st, 1875, S. B., troubled for years with both internal and external hemorrhoids, which I had treated in 1874 with good result; again returned with exaggeration of trouble. Treated the two larger lobes with elastic ligature, with good effect upon the tumors, but the patient was confined to his room for twelve days.

CASE 6.—M. S. H. had been troubled with bleeding piles for twenty years; attempted first to destroy the protrusion with galvano-cautery, but the battery being deficient in power it only coagulated the external tissue; then injected equal parts of glycerine and carbolic acid into three of the most prominent tumors, in doses of 5m each; the tumors turned white immediately upon the introduction of the liquid and the slough came off upon the fourth day, leaving a clean ulcer, which healed quickly. The upper lobes were now brought down and treated in a similar way, with but little comparative pain, no shock, no chill.

CASE 7.—June 30th, 1876, S. M. Treated seven lobes of protruding hemorrhoids at three sittings, with the carbolated oil; pain sharp at first, but in a few seconds subsiding; patient around most of the time *ad interim*; recovery perfect.

Cases 8, 9 and 10 were treated in the same manner, with like results, the pain not being severe and only continuing for a short time, and a healthy slough following, leaving, upon recovery, in every case, a hard cicatrix, which I did not like, as it had the appearance of a bungle.

CASE 11.—In this case I decided to use ergot instead of carbolated oil, therefore threw 5m solution aqueous extract of ergot into the four most prominent lobes of the vein. The pain at first was sharp and burning, but this subsided in a few minutes, and after the lapse of 20 or 30 minutes there was set up a sensation of constriction in the parts, which continued for several hours. Upon the patient's presenting himself the next day the injected lobes presented the appearance of a blackened mass, hard and dense, and contracted to one-half its original size. There was no systemic disturbance whatever, and only a disagreeable sensation of constriction in the parts. There was no sloughing, and the tumors gradually subsided until they disappeared entirely, and the other lobes were much lessened in size. Upon the tenth day three of the remaining lobes were injected, with a similar result.

CASE 12.—S. G.; was treated by my partner, Dr. S. W. Gillespie, in the same manner, with even better success than in my case, the patient,

a house carpenter, going to work the day following upon a building, and experiencing no difficulty; three lobes were injected at the first and only sitting, and a perfect cure resulted.

CASE 13.—H. B. F., farmer, Aug. 14. This being quite an exaggerated case, we determined to try (as we had a plenty of material) the different kinds of injection and compare results: Therefore, injected three lobes with tr. ferri chlor. gtt. 3-5 in each lobe; pain marked, and shock great, and as patient was very nervous, gave an opiate and applied an opiate ointment; on the fifth day patient returned; injected an equal amount of tr. ergot and tr. ferri. chlor. This produced agonizing pains which were very persistent, but they finally subsided under the influence of the electric current. Upon the third visit, the patient, having a wholesome respect for our treatment, desired an anæsthetic, which was accordingly given, and three more of the lobes injected with carbolated glycerine in equal parts. Upon recovering from the anæsthesia there was no pain and but little soreness followed, until the second day, when the ulcer came off; this healed more readily than the results of the other two treatments. One week from this time patient returned and we anæsthetized and injected four tumors with fl. ext. ergot. The pain commenced some hours after treatment and persisted for some time, but no ulceration followed.

CASE 14.—M. L. B., female; retroversion. After correcting the uterine pathology, the hemorrhoids, four in number, were injected with fl. ext. ergot, with the happiest result; no slough, no shock, and but slight pain, except the heavy, dragging sensation in the rectal region, which gave but little trouble.

CASE 15.—L. M., female; retroversion severe. Injected two lobes of the vein with 5m aqueous ergot, replacing the retroverted uterus. Pain heavy and dragging for three or four days, since which time all pain has disappeared. Shall now proceed to the treatment of the version, which I hope to remedy without further trouble from the piles. Not since fully recovered.

CASE 16.—S. M., female; no uterine displacement. Treated two external lobes of hemorrhoids, and three internal, with aqueous ergot, with the happiest results. Sharp pain at time of injection, and heavy, bearing-down pain in rectal region. Radical cure, with no sloughing.

CASE 17.—E. K., female; three lobes of protruding hemorrhoids treated at one sitting by injecting aqueous ergot. Sharp pain at time, which soon disappeared, and entire recovery followed.

Cases 18, 19 and 20 are simply a repetition of the previous ones, with like favorable results.

## HOSPITAL REPORTS.

### PENNSYLVANIA HOSPITAL. CLINIC OF PROFESSOR DA COSTA, FEB. 1, 1879.

REPORTED BY FRANK WOODBURY, M.D.

GENTLEMEN:—I shall first show, this morning, a few cases illustrating the treatment of diseases that you will more frequently encounter in practice, before bringing before you, as I intend to do presently, one or two cases of disorder of the nervous system, for clinical study, that will require more careful analysis and extended discussion.

#### Chronic Pleurisy with Effusion. The Question of Aspiration Influenced by Lung Complication.

John D., 39 years of age. This man has been in the ward for some time. The history of the case is that of an acute lung trouble, following exposure on the wreck of the steamer Metropolis, February 2d, 1878. When I first saw him, in November last, I found that there was evidence of old-standing pleurisy, with some effusion on the right side, complicated with commencing abscess in the upper part of the lung. Subsequently the signs of pleuritic effusion developed themselves more decidedly; while the absence of vocal fremitus, and of respiratory sounds, at the lower part of the right chest, with a line of dullness nearly on a level with the spine of the scapula, made it evident that the pleural sac now contained a very considerable amount of fluid. In the compressed lung, above the line of effusion, there was jerking inspiration, prolonged and harsh expiration, and a few crepitant râles; the percussion note was of a higher pitch than normal. At the left apex there was moderate dullness posteriorly, and expiration was also prolonged and high pitched, but the base of the left chest was clear on percussion, although auscultation again revealed exaggerated breathing and blowing expiration. He had considerable mucous expectoration, and coughed very much during the day, and also at night.

The question presented itself to our minds, should we introduce a hollow needle into the base of the chest and withdraw this fluid by pneumatic aspiration? Upon thinking the case over, as there was strong evidence of pneumonic phthisis in the lung itself (although masked by effusion), and finding, moreover, that there was no marked irritative fever, and no other good reason existed for supposing that the chest was full of pus, I decided to wait, and in the meantime try what advantage could be gained by medical treatment alone. The latent phthisis, and the want of actual knowledge that the effusion had become purulent, made me deem it more desirable to remove it by medical means if possible, rather than by a surgical procedure; I therefore decided not to tap him, and the result has justified this conclusion.

Listening to the heart I find a soft systolic murmur, modifying the first sound, which is heard most distinctly at the base of the heart to the left

of the sternum. It is a blood murmur, and not organic. There is still dullness at the lower part of the right side, but it is very low down; for I can hear the transmitted voice everywhere except at the very lowest part of the chest; the vocal fremitus has also been restored. Another evidence of the diminution of the effusion is perceived in the fine friction, which is now returning, and can again be heard at the base of the lung. The chest expands well, and respiration is heard in the area that was formerly dull, under the angle of the scapula. This is a very gratifying result. Two months ago his condition was a very different one. The large amount of fluid then existing has almost entirely passed away, while his general physical condition has greatly improved.

His treatment has been as follows:—

BASHAM'S MIXTURE.

R. Tincturæ ferri chloridi,	℥x	
Acidi acetici,	℥v	
Alcoholis,	f. 3 ss	
Syrup.,	f. 3 j	
Aque,	℥xlv	
Liq. ammonii acetatis.	f. 3 iss.	M.

Given three or four times daily.

This is the formula of a diuretic that I often use, and which I have frequently referred to under the name of Basham's mixture, in prescribing for cases where I desired a tonic as well as a diuretic action. The patient has also had, occasionally, a Dover's powder, to keep up a gentle action of the skin, as well as for the object of relieving his cough. This internal treatment, with good diet and rest in bed, and the application of tincture of iodine to the chest, has given us these good results. It is evident that we should continue the treatment, as it agrees with him and he has received from it so much benefit. He shall take the mixture four times a day, and flying blisters shall be occasionally used over the affected lung. Keeping in mind the latent tubercular tendency, I shall also give him half-an-ounce of cod-liver oil, three times a day.

Of course it is no longer necessary to discuss the practicability of aspiration; this question has settled itself. This case teaches an important lesson: In cases of pleurisy, with effusion, when aspiration is under consideration, there can be no harm in waiting, if there are no urgent symptoms caused by pressure on the lung, and in the absence of irritative fever, furnishing evidence of the fluid becoming purulent; I would, therefore, lay down the following rule: *In regard to the time for the performance of aspiration, you are to be governed by the effect rather than by the time or amount of the effusion.* If we had been guided by the time in this case, we should have tapped the chest when I first saw him, for the effusion had then existed several months, and was increasing rather than diminishing.

This is one point. Another that I would like to direct your attention to is the mode of treatment by counter-irritation, and by Basham's mixture. Iron in this form is one of the best remedies that I can think of in chronic pleurisy, and from it I have had most favorable results in a number of cases. It produces no disturbance of digestion

nor of the circulation, but, on the contrary, greatly aids the blood-making function.

The possibility of the tubercular complication was an additional reason for preferring medical to surgical means for removing the fluid in the present case; knowing that any active interference of the kind would be very apt to excite fresh deposit in the lung itself. When the effusion is thus removed, as a rule, it rapidly returns, but if absorbed under the action of diuretics the disease is less likely to re-appear. Moreover, I have noticed in several cases, that after aspiration, especially if it should be repeated several times, there is a tendency in the subsequently effused fluid to become purulent, forming empyema, with its attendant chills and hectic fever. This case will serve to show you that surgical methods should not be resorted to until you are certain that medical means will not answer, or unless the urgency is great, and the demand for immediate relief is imperative.

**Typhoid Fever. Elements of Prognosis in Albuminuria, and the State of the Heart. Rational Treatment.**

I will now bring before you a case of typhoid fever, and hope to show you that the interest in a case of typhoid fever does not cease with the diagnosis.

This patient, Henry F. B., 23 years of age, came into the Hospital Jan. 27th, 1879, with the statement that he had been well until the 23d of the month, when, following, as he thought, "some slight exposure," he had chilly sensations, followed by fever and great prostration. His bowels were rather loose, and he had several attacks of epistaxis. He came into the ward with symptoms of a continued fever, very like those of typhoid, and he complained of severe pains in his back. It was observed that his face was singularly flushed, and the skin was hot and dry; tongue coated. The temperature in the axilla was high (104½°), the pulse was 92, and the respirations 24 to the minute, respectively; and what was very significant, we found nothing in the lungs to account for this flushing of the face. Upon this point I intend to speak further, and shall presently return to it.

Upon examining the urine, after admission, it was found to contain granular, hyaline and epithelial casts, and a small amount of albumen. This examination of the urine has been repeated in the last few days, with identical result.

Now, gentlemen, the man during the short time intervening since his admission has remained in the condition that we have described, with some morning remissions in his fever and with marked evening exacerbations. A few bronchial râles were detected in his chest, but no dullness nor signs of consolidation. On the 28th he again had a profuse epistaxis, and on the same day an eruption of rose-colored spots appeared on the abdomen and chest. The fever persists, the belly becomes swollen; still he has no headache. Having given you these points in the case, which brings it up to this morning, I will examine him before you. His temperature last night was 103°, this morning 102½°. Since the 28th there has been very little difference between the evening and the morning tempera-

ture, not more than a degree, while the evening observation continues to be high. The fever shows a continued type, and the record corresponds with that of typhoid in its second week.

— Notice the appearance of the patient's tongue. If you should want to select a characteristic typhoid fever tongue, there it is. Dry, cracked, red, devoid of coating at several points, clean at the edge, with a wedge of coating at the tip. I could never give you a better illustration of the dark, glazed, red tongue of typhoid fever than the one before you.

Turning to the abdomen, we find here the characteristic eruption, but, in truth, the most typical spots are on the sides of the chest rather than on the abdomen. They are small, rose-colored, slightly raised, and the color temporarily disappears upon touching them with the finger.

Some gurgling is elicited upon pressure, in the right iliac fossa, and there is a moderate amount of general abdominal distention. The bowels are now moved once daily, but in this connection it should be stated that on the day before yesterday he had four stools, and it was thought advisable to give him an opium suppository; since then his bowels have been regular. His diarrhœa, then, is easily held in check, for under the influence of one grain of opium, which was not repeated, he has now had only one movement in the twenty-four hours, for several days. You perceive that his face is still flushed, and you may also note that he has some harsh breathing in the lungs, with a few dry râles. He has no headache, and what I wish particularly to call your attention to is, that his intelligence is clear.

But one or two points more, and I will have finished what I wished to tell you to complete the clinical record. Examining the heart, I find that *the first sound is weak*, and the impulse is not strong; the second sound is distinct. The final point to which I will direct your attention before dismissing the case is—what you can see for yourselves—that *there is marked throbbing of the vessels at the root of the neck*.

This is a typical case of typhoid fever, coming under observation at its very beginning, but which has now reached its height. I will merely pause to point out a few peculiarities that serve to separate this from an ordinary case of typhoid.

In the epistaxis, the diarrhœa, the fever continuous after the fifth day, the character of the eruption—in none of these do we have anything differing from a typical case. But here is a point of great significance. The albumen in the urine, what does it mean? It means that we must watch this case. Albuminuria in the first week of typhoid fever can only be explained on two grounds—the complication antedated the fever, and is due to antecedent kidney disorder; or it is an evidence of serious blood alteration due to the fever process itself, and secondarily giving rise to the abnormal elements in the urine. Kidney disorder is occasionally produced early in typhoid fever, but in this event you should bear in mind that you will have a very grave case. Referring to the history, it is seen that our patient is only at the beginning of his second week. The eruption also tells us that the disease is no further advanced than the period just stated. The albumen and

renal casts were recognized on the second day of his stay in the ward, or the fifth day of the illness. *Early albuminuria never happens in typhoid fever, unless the case is going to be a very grave one.* This is a point of prognosis worth bearing in mind, it being understood that the condition belongs to the typhoid fever process, and not to any antecedent disease of the kidneys. By it we learn that there is a degree of blood involvement that should not exist at this stage of the disease; such a condition is more likely to be met with in the third week than at the beginning of the second, and it makes us anticipate the worst consequences. There is nothing peculiar about the temperature in this case, except that it was quite high on the evening after admission, 104°, and has scarcely attained that point since, the highest being 103½°.

There is another point to which I would call your attention, and it also leads me to believe that the case is likely to be a serious one—it is that *the first sound of the heart is altered*. Such changes in the muscular fibre of the heart as this indicates are not uncommon in typhoid fever, but they do not generally occur until late in the malady. When it appears early, it shows you that you are going to have a grave case. By these two symptoms I have described you have due warning of the approaching danger, and they tell you that you will need to exert all your skill to avert it.

I must also speak of the flushed face, unaccompanied by pneumonia. This should always make you suspicious, especially when associated, as it is here, with *throbbing of the vessels of the neck*. Some years ago this condition of the vessels in the early part of the disease attracted my attention, and I framed upon it a means of ready diagnosis. In walking through the wards I would often recognize an early case of typhoid fever by this means alone, before inquiring into the history of the patient. Sometimes I was strikingly correct, though I must admit that I was wrong in other instances. I would mention it as one of the significant symptoms of early typhoid fever.

I have now developed some of the important features presented by this case, and predict that from its consideration, notwithstanding the clearness of the patient's mind, the easily controlled diarrhœa, and the absence of nervous symptoms, we are going to have a severe case of disease. Should we not guide our treatment accordingly? Yes, and I have, therefore, departed from my usual rule of not giving stimulants early in typhoid fever, and ordered him, on admission, three ounces of whisky, in milk, during the day. This shall now be increased to five ounces, some being given during the night. He is also taking

R. Acid. muriatici, gtt. x,  
in water, every four hours.

When first admitted he also had some quinine, which we shall now continue as a general tonic, ten grains being given through the day. This, and the increased stimulant, are required by the weak first sound of the heart. He shall have only beef tea and milk for his diet. No opium at all will be given, except as we have done, in the form of suppository, and that only in case the diarrhœa should become troublesome. He

shall be sponged morning and evening, and shall be watched carefully, so that he may not leave his bed during the night, while in a state of delirium.

**Multiple or Disseminated Sclerosis, Following Spinal Meningitis. Its Clinical Features and Treatment.**

I now wish to show you two cases of interesting spinal disorder; the first patient being now brought before you. Although we begin with this one to-day, I fear that we will not be able to finish the discussion of both of them until our next clinic day.

Joseph J., 43 years of age, is a watchmaker. He comes from a long-lived family, his father dying at the age of ninety. The patient states that with the single exception of bleeding piles, which began to annoy him some eight or ten years ago, he has always been a healthy man, until his present illness. Syphilis he never had, at least he utterly denies any remembrance of it. He tells us, however, that about five years ago he began traveling about the country in a wagon and on horseback, and was much exposed to all weathers, but until about three years ago this exposure did not affect him particularly, except that he noticed that, occasionally, he had cramps in the calves of his legs. At the time named the cramps were more marked, and now became associated with numbness in the right foot; indeed, the disorder of sensation soon involved both lower extremities; nor was it confined to them, for the first three fingers of the left hand became similarly affected about the same time. Remember, that this man had been exposed to cold and wet, and, notwithstanding these cramps, he kept on riding through the country, and continued to encounter all kinds of weather. Soon after this we notice more marked symptoms appearing on the scene. But first let us return, for a moment, to the beginning of the third year, to notice that he also had difficulty in retaining his water about this period, so that his urine was dribbling nearly all the time. His piles also troubled him a good deal during the year. Following this, a new set of symptoms are observed in the case. Those I have just read to you from the notes may be called the symptoms of the first year of the malady. Now comes the second year. At the beginning of this period we notice a loss of power in the legs, his ankles are weak, his feet turn under him, he frequently stumbles in going over rough ground. There is some inability to control muscular motion in the lower extremities; and when he gets out of his wagon to lead the horse up a hill, he often falls. He now also observed twinges of pain in the legs, though only of short duration, never keeping him awake at night. They were occasionally accompanied by muscular twitchings, which, though also occurring in the arms, were more marked in the legs. He also speaks of a sensation as of a cord drawn around his waist, which impressed him so much that he thought he was swelling, and often loosened his clothes, and took quantities of medicine for flatulence, but to no avail.

During all his illness he has had no pain in his spine, and none in the head, except a very little in his eyes, but his sight has failed so much that he is compelled to use spectacles. He occasionally has a little vertigo.

About eighteen months ago, attributing his trouble to the piles, he had them removed, but without any marked effect upon the nervous symptoms. The incontinence of urine was not relieved, but became worse; and, in truth, it was for this symptom alone that he sought admission into the hospital. Only after he came under observation did we learn of the existence of his other troubles, and that the incontinence of urine was only a very small part of the malady.

Now, this man can only walk, if indeed we can say that he walks at all, by the aid of crutches. I wish you to look at his legs. You will see for yourselves that they are atrophied; the left being decidedly more wasted than the right. You further notice that there is a good deal of mottling of the surface, and congestion of the veins, seen in both feet nearly alike. He has suffered very much from cold feet for the last two years, and has used liniments and capsicum without any effect. Since he has been in bed, however, his feet are warm enough. Testing sensation, you observe, when I pinch the feet, and when I use the pin, both on the dorsum and soles of the feet, how defective the sensation is; he hardly notices it. There is greatly diminished sensibility in both legs; he does not feel tickling at all. Evidently, the reflex movements are not quite abolished, but although reflex contraction occurs, it is slow, and not very active. If the sensation were better, I have no doubt that the reflex movements would be more energetic; it is, probably, as good as we could expect with such impaired sensibility.

He has considerable motion in the muscles of the legs as he lies in bed; you see that they are not entirely paralyzed, but he cannot use them in walking, except with the aid of crutches. Therefore, while muscular motion persists, it is the control of the muscles in coördinated movements that is mainly disturbed. You will ask, does a similar state of affairs exist in the arms? We find that sensibility is also diminished, though to a less degree, in the upper extremities, but all the motions are preserved, though the grasp is comparatively feeble. He says that he can thread a needle and use his fingers without difficulty. Therefore, the same defect in sensibility and motor power exists in the arms, but the power of coördinated muscular movement is not nearly so much impaired in the arms as we find it was in the legs.

I will now show you the result of the examination of the muscles by the battery, using the Faradic current. The muscles of the thigh quiver on the right side with a slowly interrupted, strong current, but it takes a still stronger current to make them contract. The muscles of the thigh and leg move with a strong current slowly interrupted. In the left thigh the phenomena are less marked, and a stronger current is required to produce the same effect. Therefore, the electro-muscular contractility under this current is shown to be much impaired, but it is not so much impaired as the electro-muscular sensibility. Using a quickly interrupted current, we find it produces only a slight quivering under a very strong current. The rectus muscle of the right side may be made to move, but only under a strong current; the same observation applies to

the left, but with the difference before remarked in favor of the right.

In the arms, you perceive that while muscular motion is preserved, the muscles of the limbs are greatly reduced and weakened, so that the electro-muscular contractility is materially altered; still, not nearly so much as in the legs. He tells us that he feels this current distinctly in the arms. The sensibility is then preserved, but like the contractility, it is also slightly impaired, and to a far less degree than in the legs.

In conclusion, I will call your attention to the muscular quivering which is now taking place in the lower extremities, irrespective of the battery.

The eyes have been examined, with a negative result. There is no disease of the heart.

I will not have time to conclude the discussion of this case this morning, but will merely announce the diagnosis, and give you the reasons for it at my next clinic. It is a case of sclerosis of the spinal cord, the hardening existing in different portions of the structure, and affecting them unequally. It has undoubtedly involved the posterior columns, and the antero-lateral columns, also, though to a less extent, the anterior columns in the dorsal region. Neither of these regions is intact. It is sclerosis, then, of several portions of the cord, secondarily induced, and following and consequent upon congestion of the cord and spinal meningitis.

His treatment has been the bichloride of mercury, one-thirtieth of a grain thrice daily, which shall now be increased to one-fifteenth of a grain, and subsequently to a larger dose, provided he bears it well. He has also been taking a little strychnia, occasionally, for his bladder trouble, but the chief dependence has been upon the bichloride.

The hour having expired, I will continue the discussion of this, with the other spinal case, at our next meeting.

## NEW YORK HOSPITAL.

### DISEASES OF THE SKIN.

BY L. DUNCAN BULKLEY, M.D.

Reported for the MEDICAL AND SURGICAL REPORTER.

(Concluded from p. 123.)

#### Acne.

On the face of this young girl there are three forms of the eruption known as acne, viz., *acne punctata*, *acne simplex*, and *acne indurata*. The first, *acne punctata*, is also called comedo, and is manifested by the little black spots which you see scattered over the surface, and consists merely in a blocking up, or a constipation of the sebaceous follicles. The *acne simplex* is characterized by the papules and pustules, and the *acne indurata* by these larger, indurated masses, which contain pus, and which are made up, not of single glands, but of groups of glands. We might add to these varieties still another form of the affection, observed over most of the face, viz., *acne oleosa*, the presence of which is indicated by the greasy condition of the face.

For the treatment of comedo the best method is the employment of a small silver tube, such as I hold in my hand, which is made for the pur-

pose, and which acts in the same way as the ordinary watch key, so commonly used in the affection. It is, as you see, about two inches long, and about one-eighth inch in external diameter, with its ends hammered over, leaving an aperture of about one-twenty-fifth of an inch at one end, the other a little larger. It is much preferable to a watch key, in that the round end does not cut the skin, as the square-cut end of the former may do, while the rounded, or rather conical extremity, when pressed into the skin, rather serves to stretch open the orifice of the gland, and to favor the extrusion of the plug. Thus, when I press it upon the surface surrounding one of these little black points, the plug instantly rises up into it, and you may soon see a number of the little masses standing like minute horns on the surface. It is very efficient, and easy of application, and does not occasion the patient any pain to speak of. In my office I have frequently removed from fifty to a hundred of these plugs at a sitting, and have occasion to use the instrument many times in a day.

For the local treatment of the indurated lumps, opening with the knife is the only efficient means, and the earlier this is done, the less danger there will be of permanent scarring. When they are left to themselves, scarring almost invariably results; and some time ago I exhibited at the Academy of Medicine a patient whose face had been so marked and disfigured in this way that many of the gentleman present could scarcely be persuaded that he had not had the small-pox. The best instrument for making the incision is the ordinary thumb lancet, as with a moderate pressure it only punctures to the depth of the follicle. When I now open one of these lumps, you perceive what a large quantity of matter they really contain. For the rapid cure of the papules and pustules of acne, each one of any size should be punctured with a lancet; or I have at times employed with advantage a method which is much used in Vienna, which is, to scrape them thus, with the dermal curette, and it is certainly very efficient; only the top of each pustule is removed, a drop of blood or serum exudes, and no scar is left. This, then, is a very good example of acne, as it is frequently presented to you in a mixed form.

Let us now dismiss our patient and look a little more particularly into the different subdivisions of the affection. *Acne oleosa*, which we have seen to be present in this patient, is a variety of what is known as *acne sebacea*, which is divided into *acne oleosa*, *acne sicca*, *acne cornea*, and *acne excrucata*. It is *acne sicca* when it dries up into a thin crust, which differs from that formed in eczema, in that it is greasy. Such a crust can readily be rolled up into a ball. Such a condition is well shown in this colored plate of Wilson's. When it becomes harder, the affection is known as *acne cornea*; and when the follicles refuse to act, and the skin gets too dry, *acne excrucata*.

*Acne punctata* has been divided into two varieties, viz: *acne nigra*, or comedo, and *acne allida*, or milium. It consists, as we have seen, in a plugging up of the glands, a real constipation, which may be forcibly compared to constipation of the intestine. When the point of the

plug at the surface is black (from the accumulation of dirt, etc.), it is called comedo. Milium represents that condition seen principally beneath the eyes, when there are small white specks, whose sebaceous contents are contained beneath the epidermic covering, and cannot be exposed until a slight puncture is made. If we examine the state of one of the plugs from *acne punctata nigra*, or comedo, under the microscope, we find masses of altered cells from the interior of the gland, some oily matter, and a few hairs.

The ordinary secretion of the sebaceous glands occurs from fatty metamorphosis of these cells; but in *acne punctata* these fail to undergo this metamorphosis, and concrete into these cheesy masses. In the glands a parasite is sometimes found, in the form of a minute worm, the *acarus* or *demodex folliculorum*; but is of no importance in connection with any disorder of their function, and you understand, of course, that it is excessively minute, many being sometimes found in a single follicle; their existence has probably aided in giving to these sebaceous plugs the popular name of worms or grubs. In *acne simplex* the lesion is a simple inflamed pimple, and these pimples occasionally cover the whole face, or are lightly scattered over it; sometimes they are seen over the whole back, as in the plate and photograph which I now show you.

*Acne indurata*, as we have seen, consists of a number of elevations of the skin, which are much larger than those of *acne simplex*, very indolent, generally painless, always containing pus, and sometimes in considerable quantity. They are of a deep purplish-red color, and are apt to last a long time. Every comedo that is removed, I may remark, in passing, lessens the chance of the patient's having some of the other lesions of *acne*, inflammatory in character.

*Acne molluscum*, whose true nature has been the source of considerable dispute, has been shown, beyond doubt, I think, by the more recent writers, to be a sebaceous disorder. It is a disease which resembles comedo, in that it is characterized by an alteration of secretion, and hardening about the sebaceous glands; but instead of being located in or under the skin, as comedo, the small tumors constituting the affection project above the surface. Its small pearly tubercles, generally of the normal flesh color, or white, flat on top, generally with one or more minute openings, have been very aptly compared to a small button, and are so well shown on these colored plates, which I will pass around, that I need hardly describe them further. They are far more commonly met with on the face, but you see by this photograph that they may occur on any or all parts of the body. It is a purely local disorder, and anything that will remove the glands themselves will cure it. They can often be snipped off with the scissors, or they are readily enucleated, after a slight incision; it is safer always to burn the face with nitrate of silver. *Acne sebacea* and *punctata*, however, must not be regarded as of a local character alone; they are always associated with some disorder of the general health.

*Acne* proper is never a purely local disease. When a case, in any instance, is investigated thoroughly, it will, perhaps, be found that there

is constipation, dyspepsia, or some other disorder of the alimentary canal present; and in females the eruption is particularly apt to be associated with some sexual derangement. Our treatment, therefore, in order to be at all successful, must be directed toward the real cause of the difficulty; and in any case of *acne* it is our first duty to enter into an investigation, in order to find out what that may be. For this purpose it is not infrequently necessary to make a thorough examination of the entire system. There is one diagnostic point which may be of considerable service to you in this connection, and that is, that in females, when the *acne* depends on some uterine derangement, the eruption is almost invariably confined to, or principally seated on, the lower portion of the face.

The treatment of *acne*, then, consists in the removal of the cause; and as you would naturally expect, under such circumstances, there is no one remedy for this affection. In a certain class of cases arsenic may do good, but in very many it is useless or harmful; in some strychnia, and in others, phosphorus. On account of its special property of relieving cutaneous congestion, however, there is nothing which I have found of such universal application as acetate of potassa. It may often be combined advantageously with *nux vomica* and *taraxacum*, or with *senna*, if the bowels are constipated. Later on in the disease, when the inflammatory stage is over, good results may be obtained, very frequently, from the use of arsenic. In the *acne indurata*, cod-liver oil often yields the very best results.

In the local treatment of *acne* many of the German authorities, such as Neumann and others, are in the habit of employing very stimulating applications, and strongly recommend the green soap. This, however, is altogether too harsh an agent to be indiscriminately employed in every case. What has proved of far greater service in my hands is the application of water so hot as to be almost scalding, which has the effect of softening the comedones and also of relieving the congestion. A cloth saturated with it should be held against the face for from three to five minutes, and then a wash, such as one of the following, applied:—

- |    |                    |                    |    |
|----|--------------------|--------------------|----|
| R. | Potass. sulphuret, | 3j                 |    |
|    | Zinci sulph.,      | 3i                 |    |
|    | Aq. rosæ,          | f. 3 iv.           | M. |
| R. | Sulphur. loti,     | 3 ss-3j            |    |
|    | Ætheris,           | f. 3 ss            |    |
|    | Alcohol,           | q. s. ft. f. 3 iv. | M. |

Or a wash composed of prepared calamine and oxide of zinc, in the proportion of a drachm of each in four ounces of rose water, with from one to three drachms of glycerine, may be substituted for them.

In certain cases, however, strong stimulation is really necessary; and in such cases green soap and alcohol, the red precipitate of mercury and other irritants may be resorted to. But whatever the treatment adopted, it is often useless unless a change of habits and of diet is made by the patient; for this reason traveling, or, at all events, a change of scene and mode of life, is often of very great advantage.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Experiments on Malignant Pustule.

At the meeting of the Academy of Medicine, held on the 29th of October last, M. Colin described a series of experiments made with the view of ascertaining the means of neutralizing different forms of virus in the organism. Forty rabbits were put under observation, and were inoculated with the virus of the "pustule maligne." The inoculation was done at the tip of the ear, which was cut off ten minutes after the operation. In every case the disease developed itself, and the virus did not seem to have lost any of its energy throughout the series of experiments. In the case of seven rabbits tincture of iodine was the substance used to neutralize, associated with a strong portion of iodide of potassium; in fourteen others carbolic acid was used; in four sulphuric acid was the agent; in five more hyposulphite of soda; in three borate of sodium; in two sulphate of iron; and, finally, in the remaining five cases sulphate of quinine was injected. Progressive doses of from twelve to twenty-three milligrammes of iodine were injected into the veins of the first seven rabbits for every kilogramme of their weight, but they all died within twenty-eight hours from the time of the inoculation. Fourteen rabbits were injected with 230 milligrammes of carbolic acid for every kilogramme of their weight, but the one that resisted the longest died forty-two hours after the time of inoculation. In the remaining trials with the other substances above named, the results were approximately the same. M. Davaine had found that the substances above named were capable of neutralizing the virus in a watch-glass, but the experiments of M. Colin conclusively prove that their action is not the same in the organism. M. Colin expressed his regret at not having obtained more useful results, but still hoped to be able eventually to find some counter-agent for this terrible poison. In each case the characteristic alterations of the disease existed, such as swelling of the spleen and the presence of bacteria in the blood.

#### The Etiology and Treatment of Epilepsy.

Dr. Berger gives, in the *Zeitschrift für Prak. Med.*, a series of observations on the etiology of epilepsy, which tend to illustrate the different experiments that have been made to produce epilepsy artificially. The following were the principal causes. A traumatic affection of the median nerve caused epilepsy in a man; disturbances of the sexual organs in women had the same effect. (One was a case of hæmelytrometra, which was subsequently operated on; the other, cessation of the menses, caused by a severe cold.) Four cases may be classed under the head of epilepsy, caused by injury. The patients (three male, one female) had sustained injuries to the

head, either through a blow, fall, or box on the ear, and the disease subsequently manifested itself either directly afterward, or after weeks or even months had elapsed, while in the meantime the only thing the patients complained of was occasional diffused headaches. The next cases belong to the form of epilepsy caused by affection of the cortical substance, especially in syphilitic persons (according to Fournier, Charcot, and others). Among these, he gives a very full description of a case of epilepsy in a man, aged thirty-eight, who had been several times under treatment for syphilis, and who was subject to epileptiform attacks that did not differ in the least from general epilepsy. He was cured by a very energetic anti-syphilitic treatment. Two further cases recorded describe vaso-motor epilepsy in a girl, aged nineteen, and a very interesting case of epilepsia gravior, occurring also in a girl aged nineteen, after poisoning with carbonic acid. In the treatment of the disease, the author has used several methods with varying success. Hystero-epileptic patients were the only ones that derived any benefit from Chapman's method of application of ice or cold water to different parts of the body; true epilepsy was never cured, either by this method or by electricity. In vaso-motor epilepsy the constant current proved very useful. Some authors have highly commended the effects of bromide of camphor and bromate of zinc; but Dr. Berger does not agree with them; neither has he seen any satisfactory results produced by atropin and curare; nitrite of amyl, if inhaled in time, sometimes proved efficient in cutting short the paroxysm. The most favorable result has been caused by bromide of potassium, if given in large doses (from six to twelve grammes, equal to one and a half to three drachms, daily); the disease sometimes only manifested itself again after two years, but it never was completely cured. Bromal-hydrate has a similar effect to that of bromide of potassium (Steinauer).

#### Surgical Treatment of Anasarca.

Dr. H. A. Wickers writes to the *Lancet*: 'The treatment of anasarca, whether cardiac or renal in its origin, after ordinary therapeutic measures have failed, is in most instances very unsatisfactory. If the patient be let alone, after a time he gets water-logged and dies; incisions nearly always lead to sloughing; and other plans of treatment, such as drainage tubes, etc., have proved scarcely less unsuccessful.

The following method has been in use for several months at Charing-cross Hospital, where it has been employed in some forty or fifty cases; it is readily carried out, gives great relief to the patient, and has never been followed by ulceration, sloughing, or inflammation:—

The legs having been well oiled, and a mackintosh sheet placed under them, about twenty or thirty punctures are rapidly made in their sides with a stout needle or hare-lip pin; some sponges,

which have been well wrung out in a saturated watery solution of salicylic acid, are now placed against the punctures, so as to absorb the fluid as it transudes; these sponges, as they become filled, are squeezed out, and again passed through a solution of salicylic acid before being replaced against the patient's skin. In this manner renewals may be required about every two or three hours; and four or five pints of fluid may be drained away during the first day, the whole process being possibly completed in four or five days, at the end of which time the punctures are usually healed. By the use of salicylic acid, decomposition of the dropsical fluid does not occur, the sponges are kept free from fetor, the skin is not irritated, and cutaneous inflammations of a low type are entirely prevented.

#### The Therapeutic Value of Oxygen.

Dr. Benj. W. Richardson, of London, says on this subject, in a late lecture: Therapeutically, the positive place of oxygen is, first, as an antispasmodic. For excesses of activity of nervous action, leading to what are called spasmodic or tetanic conditions of body, oxygen is a positive remedy. It may not of necessity be in every such case a powerful or instant remedy, but whether it be powerful or not, the positive direction of its action as an antispasmodic is definite.

In this therapeutical point of view, oxygen raised in temperature to 75° or 80° F. combines admirably with other volatile antispasmodic remedies, and with none so well and effectively as with vapor of the nitrite of amyl. In acute spasmodic asthma, when there is little excess of secretion in the bronchial tubes—that is to say, when the obstruction to breathing is purely from spasm, the inhalation of amyl nitrite in an atmosphere of warm oxygen is the most immediate of reliefs I have ever witnessed. The difficulty of administration is all, indeed, that stands in the way of the general adoption of this plan. To apply the remedies in combination, a bottle of compressed oxygen, or a large reservoir of gas, must be at hand; an intermediate bag for the holding of the gas ready for its respiration is next required; the escape tube from the bag has to be connected with the nitrite inhaler; and, finally, unless it be summer weather, the temperature of the gas has to be artificially raised to the necessary degree, which must not be less than that of summer heat.

In addition to its action as an antispasmodic, oxygen, at a raised temperature, is an eliminative, and that for the same reason as it is a relaxant. We have here again, in this fact, a positive therapeutical indication for its use. In extreme spasmodic diseases—in tetanus, for example—where we want to reduce spasmodic action, and at the same time to eliminate freely, the use of oxygen stands out in the most perfect order. Some years ago Sir James Paget treated an extreme case of acute tetanus, in St. Bartholomew's Hospital, by subjecting the sufferer for several days to the inhalation of oxygen gas. With the spirit, kindness, and thoughtful consideration which never desert Sir James Paget, he

was good enough to remember that the therapeutical observations then being carried out would be specially interesting to one who was making the action of oxygen a subject of experimental research. He therefore invited me to visit the patient with him, which I did. The tetanic paroxysms at the time of my visit were subsiding, and the man expressed himself as greatly relieved. The most remarkable feature of his case, after the fact of the relaxation of the spasm, was the elimination that was in progress. The man was literally bathed in perspiration, and had, I learned, been so for many hours. The surrounding temperature was very high, and the oxygen, true to its course in that condition, was acting most usefully. It was not only relaxing the muscular fibre, but was causing profuse elimination. In this case the administration of the gas in an ordinary ward of the hospital was a troublesome and imperfect process. In order to make such administration easy, precise and perfect, there ought to be in every hospital one or two inhaling rooms, in which the patient could breathe, without the impediment of an inhaler, any atmosphere the physician or the surgeon might wish to prescribe, and at any temperature he might think most desirable.

#### Esmarch's Bandage in Popliteal Aneurism.

A discussion on this subject, at the Clinical Society of London, not long since, developed serious objections to the employment of this measure.

Mr. Herbert Page had tried the bandage without success in a case apparently well suited for it, and in the hospital at the same time a case of Mr. Lane's was treated in the same way with a like result. The plug in the distal arteries, which had been thought to precede clotting in the aneurism, was, in his opinion, a later event, and followed its cure. He alluded to a case of Mr. Pemberton's, where this method of treatment had been followed by gangrene.

Mr. Bryant related a case where the bandage was used for one hour, under the influence of morphia, by which time there was much consolidation. In two or three days the aneurism grew worse; but the bandage under chloroform for three-quarters of an hour was followed by much improvement. It soon relapsed, and he then tied artery. Gangrene followed in a few days, which required amputation below the knee. In his opinion, the bandage was responsible for the gangrene; and it constituted a serious, though perhaps not fatal, objection to its use.

Dr. Mahomed considered the bandage was contraindicated in cases of extensive arterial disease. He had found that when the bandage was placed on one arm the volume of the other was much increased, showing that a considerably increased distention of the rest of the vascular system resulted. Where the cerebral arteries were diseased, this might be dangerous; but this objection did not apply to the ligature.

—Smallpox has broken out quite severely in Dublin. For many years the United States has not been so free from it as this winter.

## REVIEWS AND BOOK NOTICES.

## NOTES ON CURRENT MEDICAL LITERATURE.

—The Detroit Medical and Library Association commenced the publication of its Transactions, quarterly, in January.

—In a reprint from the *American Journal of the Medical Sciences*, Dr. W. W. Keen reports a case of cholecystotomy. It resulted fatally.

—The Annual Report of the Presbyterian Eye and Ear Charity Hospital, Baltimore, Md., records the history of the first year of that foundation.

—A case of umbilical hernia in the adult is described by Dr. W. W. Potter, in a reprint from the *Buffalo Medical and Surgical Journal*. The case is a rare one.

—The 25th Registration Report of Rhode Island has the usual carefully prepared statistical tables. Under the efficient supervision of Dr. E. M. Snow, it is always a model of its kind.

—Dr. H. Wardner, of Cairo, Ill., gives a summary of 163 cases of fracture of the neck of the femur. In regard to the modes of treatment, the results as given are favorable to the use of Hodgen's splint and Truesdale's fracture bed; but the number of cases reported is not sufficient to warrant a decisive opinion. Reprint from the *Chicago Medical Journal and Examiner*.

—Dr. Isaac N. Kerlin, Superintendent of the Pennsylvania Training School for Feeble Minded Children, has had printed a very useful pamphlet, containing information relating to the school, just the kind that parents and guardians are constantly seeking. All who have such unfortunate charges should obtain a copy. The address of the school is Media, Pa. The 26th annual report of the institution is also published.

—A monograph by Dr. Edward Borck, of St. Louis, on fracture of the femur, is based on the author's articles on that subject which have appeared in the medical journals. He begins with a description of the method and apparatus which he uses, and proceeds with a review of various other appliances used in the same accident. The illustrations are numerous, and the topic is well handled. St. Louis, George O. Rumbold & Co.

—The Annual Report of the Surgeon General of the Navy, for 1878, gives the usual statistics and information:—

At the close of the year 1876 there remained

under treatment 332 cases; during the year 1877 there occurred 10,457 cases of disease, injury, etc., making a total of 10,789 cases treated during the year; of which number 191 died and 10,203 were returned to duty or discharged the service, leaving 395 cases under treatment at the close of the year 1877.

The average strength of the Navy (officers, seamen, marines, engineer service, and Coast Survey included) for the year 1877, as near as can be ascertained, was 8609. The proportion of cases admitted to the whole number of persons in the service, was about 1.02, or each person was on the sick-list 1.02 times during the year. The proportion of deaths to the whole number of persons in the service was .02, and the proportion of deaths to the number of cases treated was .02.

Of the 191 deaths during the year, 98 were from drowning, from the wreck of the United States steamer Huron, November 24.

The total number of deaths from all causes reported to the Navy Department, from October 1, 1877, to October 1, 1878, was 197.

## BOOK NOTICES.

*A Practical Treatise on the Diseases of the Testis, and of the Spermatic Cord and Scrotum.* By T. B. Curling, F.R.S., etc. Fourth edition, revised and enlarged. Philadelphia, Lindsay & Blakiston; cloth, 8vo, pp. 650. Price \$7.50.

For many years the monograph of Mr. Curling, on the testis, has been so complete and satisfactory that no other has been attempted in our language. The wide experience of the author, and his facilities in the great London hospitals to study an unbounded diversity of cases, has enabled him to give his treatise a fullness which left no room for competitors.

In the present edition he has taken advantage of the recent pathological researches of the German histologists, to review and bring up to the latest mark of science all that relates to the pathology of the testis, and has also introduced some new subjects, as congenital hydrocele of the spermatic cord, and lymph scrotum. Numerous references throughout the text indicate that whatever contributions have been made to the subject of the monograph, of recent years, have been carefully weighed. In fact, it is obvious that, for some years to come, any one who wants to study up the diseases of the scrotum, and its contents, will have to turn to this as his best authority.

**On Loss of Weight, Blood Spitting, and Lung Disease.** By Horace Dobell, M.D., Consulting Physician to the Royal Hospital for Diseases of the Chest, etc. London, 1878, pp. 274. J. & A. Churchill,

At present we should be at a loss to name any one in Great Britain whose writings on diseases of the lungs and heart repay earnest study more richly than those of Dr. Horace Dobell. Whatever comes from his pen has in it that happy combination of personal clinical observation with the "traditions of learning" which Lord Verulam laid down as the highest quality of medical teaching. This is again admirably illustrated in the work before us. He takes up the three conditions mentioned in the title—spitting of blood, progressive emaciation, and pulmonary disease—and studies them exhaustively, with regard to causation, significance, and management. The two chapters on treatment, the one on the treatment of hæmoptysis, the other on the loss of weight, especially as they relate to pulmonary consumption, are the most complete of the kind that we could anywhere point out. The analytical tables of cases, the summaries of observations and results, the tables of diet for consumptives, and the chromo-lithographic plate, we have space only to enumerate, though they merit far more than a passing notice.

**A Century of American Literature.** By H. A. Beers. Henry Holt & Co., New York. 12mo, pp. 407. Price \$1.00.

Mr. Beers is assistant professor of English literature in Yale College, and a gentleman whose qualifications for such a work as the present cannot be questioned. It consists of selections from some forty or fifty of the most eminent American authors, prefaced with biographical sketches, and introduced by an essay on the literature of the colonial period. Confining himself to authors no longer living, and to writers of literature proper, that is *belles lettres*, Mr. Beers, in the compass of a small volume, has been enabled to present a most interesting series of characteristic extracts.

**A Practical Manual of Diseases of Children, with a Formulary.** By Edward Ellis, M.D. Third Edition. New York, Wm. Wood & Co., 1879; pp. 218.

Dr. Ellis' work first appeared ten years ago, since which time the author has removed from his London practice to the remote colony of New Zealand, from which distant point he edits the

present issue of his work. Perhaps this puts him at a little disadvantage, in spite of the facilities of communication. Last year, when the English edition appeared, we recollect that after a careful perusal of it there seemed some want of familiarity with various subjects in pædiatrics which the active practitioner in a medical centre would have had. Apart from this, Ellis is a useful author "to have in the house." The principal criticism on his book is that there is too little of it. On many points he is unsatisfactorily brief. In fact, to put the wide range of diseases, and a formulary and dietary to boot, in a couple of hundred pages, and do it with reasonable completeness, is an impossibility. He cannot average much beyond a page to a disease; and that is obviously absurdly inadequate. Yet of its kind, his epitome is as good as any we know.

**A Tabular Handbook of Auscultation and Percussion, for Students and Physicians.** By Herbert C. Clapp, A.M., M.D. With four plates. Boston, Houghton, Osgood & Co., 1879. Cloth, 8vo, pp. 97. Price \$2.00.

The tabular arrangement of symptoms has many advantages, and is deservedly popular. In the present work the author has arranged those relating to the heart and lungs, in a perspicuous manner, drawing his information from leading authorities. He does not, however, take advantage of the comparative or differential plan of stating symptoms; and we notice that under pericardial effusion he repeats the old and inaccurate statement about the pyramidal-shaped area of dullness, and does not refer to the interesting studies of his fellow townsman, Dr. Roth, on the real signs of this lesion. The book is handsomely printed and neatly bound.

**Lecture Notes on Chemical Physiology and Pathology.**

By Victor E. Vaughan, M.D., PH.D. Lecturer on Medical Chemistry at the University of Michigan. Second Edition, revised and enlarged. Ann Arbor Publishing Co., 1879. Cloth, 8vo, pp. 314.

The preface informs us that these notes have been especially prepared for the use of the students of the author. Whether it would not be better to let them make their own notes is a question which naturally suggests itself. The subjects treated of are the usual ones in such a course—digestion, the bile, the blood, the tissues, urine, etc. No originality is claimed or needed in the book; but accuracy, so far as we have examined it, is maintained, and this is the chief point.

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**THE DARWINIAN DOCTRINES AS APPLIED TO  
 THE STUDY OF DISEASE.**

A thoughtful paper was read, not long since, before the Epidemiological Society of London, by Dr. HUBERT AIRY. His subject was "Infection, regarded from a Darwinian Point of View." He discussed the two theories of infection; (1) the germ theory, or theory of *contagium vivum*, of which, perhaps, Dr. WILLIAM ROBERTS is the foremost advocate in the British medical world; and (2) the glandular secretion theory of Dr. BENJAMIN RICHARDSON.

On the former hypothesis it is plain that we are dealing with a case of parasitic adaptation. If the contagium is a living organism, depending for its support upon human susceptibility, it must itself be capable of variation to match the variability of its human home and food. As the human syncrasy varies in the direction of insusceptibility, so the parasitic microzyme will, step for step, attain new virulence; and as long as man and microzyme are allowed to meet, there would seem to be no possibility of a cessation of

the process. Natural selection would, however, be fairly satisfied by so much variation on both sides as should leave men susceptible of infection, but not to a fatal degree.

Dr. RICHARDSON'S theory, supported by striking experiments, that the contagium is the diseased secretion of one or other of the glands of the human body itself, which possesses the property of altering the kindred secretion in a previously healthy body by catalytic action, might at first sight appear to give little scope for the operation of natural selection; but it will be admitted, on consideration, that any matter which possesses the property—never mind how—of reproducing its like with possible variations is, *ipso facto*, subject to that law. If the first step be granted, that a morbid secretion can in any degree induce a similar morbid action in another body, there is no reason for denying that the process might in time attain the most virulent infectiousness. Spontaneous origination of infectious disease on the glandular hypothesis can hardly be understood unless we suppose that for each gland there is a certain specific disorder of function into which it is liable to fall, either under intrinsic nervous disturbance or under the contact influence of foreign morbid secretion.

These interesting studies will bear a much greater extension than has been given them by Dr. AIRY. We have yet to see the application in full detail of the doctrines of natural selection, increase, diminution and survival, according to evolutionary laws, applied to pathology and disease. Some years ago we gave a brief abstract of the very admirable essay on the Darwinian theory applied to epidemics and contagious diseases, by DECANDOLLE, of Geneva, which still remains the best of its kind.

The effort which has lately been made in Germany, to study diseases, not according to general similarities, as has hitherto been done, but in their local and temporal aspects, will furnish valuable material when such a mode becomes widely adopted. That is, the effort should not be, in describing a local outbreak of scarlet fever, for example, to rest content with its identification

with that disease, but to discover, arrange, classify and analyze the slight local and ephemeral peculiarities of the epidemic. These traits are to disease what the individual and accidental variations are to the study of the origin of species in natural history.

Again, the variations of pathological products form a field as yet quite unexplored. VIRCHOW, indeed, has categorically denied that the Darwinian law has any application in pathology. But, *pace* that great master, however weighty his authority, it does not close discussion on the subject, and all that he can mean is that *he* has not observed any operation of the law.

Finally, there is a remarkably rich field open in the study of disease in the lower animals. This was touched upon, but only so, in the paper of Dr. AIRY. He justly observed that each disease has a history and a pedigree which we ought to know if we are to obtain a full scientific insight into its nature and relations. This should be the object of a new science of comparative pathology parallel to that of comparative anatomy. A comparative study of disease in different races of mankind, especially in the lowest, extending to the quadrupeds, and thence downward through the whole animal kingdom, might be expected to throw light on many of the simple elements of disease, on inflammatory and degenerative changes, on malignant growths and functional aberrations.

Every day brings more and more into relief the intimate relations between the diseases of domestic animals and of man. It should not be forgotten that from this study has been derived, in vaccination, our greatest victory over epidemic disease in man. And it were much to be wished that more earnest attention were given to this branch by medical men.

#### THE ADVANCE OF THE PLAGUE.

It is stated by the sanitary authorities at Washington that the disease prevailing in southern Russia has been definitely recognized by the Russian health authorities as the plague. At Astracan there were 195 cases, of which 143 proved fatal, during the first two days of January. Pre-

cautions are being taken by most of the European governments against its introduction into their respective countries.

In the last week in January, a St. Petersburg despatch says, "The timely and energetic measures adopted by the Russian Government, and the promptitude with which the information was communicated to the public, are proofs that the time is past for bureaucratic mystery in a matter affecting the public health."

Early in February the Czar approved the summary measures resolved upon by the committee of Ministers for stopping the plague. All remedies proved unavailing. The local Sanitary Commission of Moscow decided upon the most stringent precautions, such as the closing of unhealthy basement dwellings, the erection of buildings to accommodate two thousand people, and of furnaces for burning infected clothes, and the gratuitous distribution of cooked provisions.

Russia has asked England to send medical men to report on the epidemic.

At Bucharest, the Chamber of Deputies voted a credit of five hundred thousand francs for the establishment of a quarantine and a military cordon, to prevent the spread of the plague.

At Vienna, on Jan. 26th, the International Sanitary Commission, which met there to take precautions against the spread of the plague, concluded its labors for the present. It decided that the regulations relative to arrivals from Russian ports can, if necessary, be applied to arrivals from ports on the lower Danube. HERR FINKELNBURG, the German delegate to the International Sanitary Commission, started for Berlin at once. The *Montags Revue* says HERR FINKELNBURG declared that should the plague increase Germany would establish a military cordon of 80,000 men on her frontier, and that the order for their mobilization was ready.

Such precautions are not premature, as all who have studied the history of this terrible scourge will acknowledge.

This form of the plague is the "Black Death" of the fourteenth century, the blight which fell upon London in 1663, and destroyed nearly half

of the population of Marseilles in 1720. Since that dread visitation in Southern France it has not returned to Western Europe, save in 1815, when it crossed the threshold of Naples. In 1771 Moscow was under the curse, and several times during the present century has the plague passed over the Danube to lead a dance of death in Southern Russia. During the terrible winter of 1828-29, before DIEBITSCH led an army of invalids across the Balkan, and through sheer audacity dictated the peace of Adrianople, the plague swept over Roumania until 2000 villages were infected and 82,000 Russian soldiers were lost in the hospitals. From May, 1828, to February, 1829, the sick list comprised over 210,000 names, and inasmuch as VON MOLTKE, the historian of the campaign, estimates that the whole strength of the army could not have been over 100,000 men, every soldier, on the average, was twice in the hospital. As early as May, 1829, the plague broke out on the right bank of the Danube, and before the winter set in the victorious army was almost wholly destroyed, for not more than 10,000 men recrossed the Pruth, and many of these were recruits.

## NOTES AND COMMENTS.

### Results of the Contagious Diseases Acts.

These acts, as is generally known, are directed, among other things, to the prevention of syphilis by enforcing police surveillance and medical examination of prostitutes. In his just published *Lectures on Syphilis*, Mr. James R. Lane, surgeon to the Lock Hospital, London, says of their effect: "Nothing could be more striking than the change which was wrought in the character of the cases coming in from a district after it had been under inspection for two or three months. At present, if a severe case presents itself among this class of patients, it is almost sure to be in some unfortunate who has migrated from a distance into the inspected district, in order to secure being sent at once into hospital for treatment. The sores are now of the mildest character; phagedæna is almost unknown; and, what is equally remarkable, even suppurating buboes are but rarely seen. The present condition of these women is a striking illustration of the extent to which venereal disease may be mitigated by early

treatment, enforced cleanliness, and strictly regulated diet and habits. It is certainly a remarkable fact that districts in which the lowest prostitutes abound, and in which every one of them is known, should, when subjected to regular inspection, only quite exceptionally furnish examples of really formidable venereal disease."

We suppose the "unco guid" will very much object to this diminution of the suffering of a wretched class of unfortunates.

### Poisoning by Chlorate of Potash.

This drug is so freely used as a domestic remedy, that the following case, which occurred in the family of Dr. Kauffmann, of Berlin, will be read with interest. It is given in the *Med. Central Zeitung*: He used to keep a certain quantity of this salt in a tin box, and give some of it daily to his children, as prophylactic treatment against diphtheria, which happened to be epidemic at that time in the neighborhood. One day, the children, while playing, possessed themselves of the box, and took each about half an ounce of the chlorate of potass. The youngest child, a girl two years and a half old, had severe vomiting, which lasted for seven hours, when she died of gastritis, in spite of all help. Another remarkable symptom of the poisoning was the profound lethargy of the child, which probably prevented its showing symptoms of pain. Another similar case is mentioned, of a young man who had taken small doses of chlorate of potass to cure himself of hoarseness. From the time of taking the first dose to the moment when he left off, the patient suffered from gastritis, and vomited every time he took the drug. These symptoms ceased as soon as the medicine was discontinued, which clearly shows it to have been the primary cause of the inflammation.

### Relation of Diphtheria to Potato Blight.

The eminent physiologist, Dr. Alfred Carpenter, says, in a recent paper: The close analogy which exists between diphtheria and potato blight leads me to conclude that the conditions which promote the one have also an influence upon the other, which requires wide-spread observation for its determination. There is a close analogy between dry rot and potato disease, which connects the three classes of disease into one genus. Circumstances which are common to one may be common to another, and those things which increase the productive power of the one have a similar effect upon the other, and *vice versa*. Thus, a germ of the fungus called *merulius lac-*

*rymans*, in contact with immature wood, in a position in which there is a want of ventilation and where some moisture is present, very soon produces its effect and sets up dry rot in the ligneous tissues. But an excess of carbonic dioxide is required to promote the change in the albuminous matter of the wood; this excess is provided by ordinary oxidizing processes in a badly ventilated structure. The fungus then decomposes the wood into carbonic dioxide and water. Thus are produced the two elements which are required to continue the mischief, and there is a rapid destruction of the building.

#### Suggestion for Sleeplessness.

Many persons troubled with insomnia also suffer from cold feet. An English writer suggests that the feet be dipped in cold water for a brief period; often just to immerse them, and no more, is sufficient; and then they should be rubbed with a pair of hair flesh-gloves, or a rough Turkish towel, till they glow, immediately before getting into bed. After this, a hot-water bottle will be successful enough in maintaining the temperature of the feet, though without this preliminary it is impotent to do so. Disagreeable as the plan at first sight may appear, it is efficient; and those who have once fairly tried it continue it, and find that they have put an end to their bad nights and cold feet. Pills, potions, lozenges, "night-caps," all narcotics, fail to enable the sufferer to woo sleep successfully; get rid of the cold feet, and then sleep will come of itself.

#### Syphilitic Milkmen.

An English writer, Mr. George Gaskoin, has lately directed attention to the possible infection of milk through that very common form of secondary syphilis, psoriasis palmaria, on the hands of the men engaged in milking. He remarks: "Although the subject is of an unpleasant character, I think it would be possible to insist on a great circumspection in the choice of men who have this duty to perform. If the 'neat-handed Phillis' is to be discarded, which I cannot but think of with regret, we ought to be very particular in the class of men employed. Thus, for instance, it is obvious that discharged soldiers and seamen, in whom the probability is not small that they may have had syphilis, are not the people we should make choice of for milking our cows; but, in short, whoever has had this complaint in any degree, or at any period of his existence, is unsuited for so delicate a duty." This warning

is very applicable to the dairies around Philadelphia and New York, where the "milk maids" are usually boys and men.

### CORRESPONDENCE.

#### Ice Treatment of Pseudo-membranous or True Croup in Children, and Acute Laryngitis in the Adult.

ED. MED. AND SURG. REPORTER:—

This hitherto fearful malady, whose ravages have hurried so many children to an untimely grave, I am convinced, by the experience of the last five years, is as easily controlled by the use of proper measures vigorously and promptly employed, as most of the other phlegmasiæ. Let me premise a word in relation to its pathology. True croup is an inflammatory affection of the mucous membrane of the trachea, extending in some instances to the larynx above and to the bronchi below, which may be characterized by the epithet exudative, *i. e.*, accompanied with the exudation of a fibrinous compound upon the free surface of the tracheal mucous membrane, adhering there and accumulating as the disease progresses, and blocking up, as it were, the wind-pipe, and thus shutting off the respiration. There is an anatomical difficulty in getting rid of this product of the inflammation, even were it to become detached. This difficulty consists, in part, in the peculiar conformation of the glottis, and also in its extreme sensibility, which will not tolerate without spasm the touch of anything from within or without, except atmospheric air. To get rid, therefore, of the inflammation, and thus to obviate its consequences—death by suffocation—is the paramount indication in its treatment. I am abundantly satisfied, by ample experience, that we are in possession of no remedy that will meet this indication so surely and so expeditiously as ice, and notwithstanding the apprehensions of the old women, and the condemnation of medical men in high standing, I would now no more think of treating true croup without ice, than of treating a severe attack of malarial fever without quinine.

Let the little patient's chest be protected by two or three folds of flannel, and let a bladder partially filled with coarsely pounded ice be applied in front of the neck, and retained there closely, and as soon as the ice in the bladder becomes melted, or nearly so, let it be immediately replaced by another which has been prepared beforehand, thus giving no time for injurious reaction in changing the bladders. The ice should be unremittently applied, till the last vestige of the peculiar metallic or brassy sound is no more to be heard in the cough.

The employment of ice does not preclude the use of other appropriate measures, as a mercurial cathartic, occasional emetics, *verat. virid.*, *tart. antim.*, etc. Spasm of the glottis being an extremely distressing element in most cases of this disease, the patient should at once be brought fully under the influence of belladonna (evinced by dilatation of the pupils and capillary congestion of the face), and so kept under its influence throughout the whole course of the disease.

When we study the physiological action of this medicine in connection with the spasmodic element of croup, the beneficial influence of this drug cannot fail to be seen and appreciated.

Acute laryngitis is not a very frequent disease in this section. In a continuous practice of over 38 years I have encountered only four well-marked cases. In acute laryngitis we have not the fibrinous deposit, as in true croup, but in its stead, infiltration into the abundant loose submucous areolar tissue about the glottis, and, per consequence, death by apnoea. It is an admitted fact, that the treatment prescribed in standard works for this particular form of croup, and for acute laryngitis, is notoriously unsatisfactory in its results—failure being the rule, success the exception. It is true I have treated but one case of well-marked acute laryngitis in the adult since adopting the ice treatment. In this instance the disease was ushered in with rigor, followed by heat of surface, pulse 135, tenderness over the *pomum adamii*, complete aphonia, painful deglutition, every movement of the tongue accompanied with pain. Ice in bladders was unremittently applied to the front of the neck for four days and nights; cal., tart. antim., verat. virid., etc., were used; but without the ice I would have had but little confidence in any treatment. Permit me to say that if I were restricted to the use of but one remedy in these two inflammations, that remedy would be ice, emphatically, ice.

J. N. NORRIS, M.D.

Birmingham, Iowa.

#### *Leonurus Cardiacus* in Asthma.

ED. MED. AND SURG. REPORTER:—

I would call the attention of the profession to the use of this plant as a therapeutic agent of marked value in spasmodic asthma, and other diseases of kindred character, such as palpitation of the heart, hysteria, etc., and all of that class of affections usually styled nervous in popular parlance, and which seem to depend upon morbid excitability, or erethism of the nervous system. I do not claim that I am presenting a new remedy to the profession, only a new application of an old and valuable agent, which, in my opinion, has been too much overlooked and neglected. Its common name, motherwort, points to the fact that it has been long known as a remedy in certain diseases peculiar to females (notably, hysteria). I found it in popular use as a remedy for palpitation of the heart, and I have myself prescribed it with pleasing results in functional derangements of that organ resulting from nervous exhaustion, the debility of convalescence, mental over-strain, and grief, using it as a calmant to the nervous system in those cases in which I wished to avoid the routine practice of giving opiates; but it is to its use in spasmodic asthma that I wish to call the attention of the profession more particularly.

I had a case of spasmodic asthma which I had been treating for about twelve years, and had nearly exhausted my resources and my patience, had used nearly everything recommended in books and journals, including the much vaunted *grindelia robusta*, with not very encouraging re-

sults. I was called in haste to relieve this patient, and having prepared some of the remedy, I took it along with me, as I had tried nearly everything else I could learn of, and wished to give this anti-spasmodic a test. I directed a teaspoonful of the saturated ethereal tincture of the plant to be taken every twenty-five or thirty minutes until relieved. I had a patient very ill a short distance from this one, and I left to visit him, but returned before the third dose was given, and to my astonishment found my asthmatic patient almost completely relieved of the paroxysm. She thanked me, and said that she had never tried anything which had afforded her such prompt and perfect relief, and this it continued to do so long as she took this remedy, in subsequent attacks. It may be proper to state that this patient was a woman who had passed the climacteric for some years, was a sensible person, not subject to hysterical attacks. I prepare the remedy myself, in this way: I dry the plant in the shade, thoroughly; then rub the leaves in my hands, to break them up fine, and cut the stems and tops fine, and pack them in a large glass lamp chimney, filling the small end of the chimney with cotton; cork up the small end, and moisten thoroughly with spirits nit. dulcis and water, equal parts; let it macerate for three or four days, remove the cork, place a large rag or filtering paper over the small end, place the chimney in a glass fruit jar, whose mouth is small enough to hold the chimney by its tapering sides a considerable distance from the bottom of the jar; then displace with pure spirits nit. dulcis. The tincture which passes through should be passed a second, or even a third time, through the percolator; the object is to secure a thoroughly saturated tincture; add one drop of oil of anise to each drachm. Prepared in this way, it is a pleasant remedy to take, and looks like a fluid extract. This a rude pharmacy, but rural doctors, like myself, will appreciate it. I have used the simple infusion with good effect. The plant is a perennial, not a native, but has been introduced. Darlington calls it an "unsightly weed;" I do not agree with him; to me it is a beautiful plant, and worthy of more extended use as a medicine.

Perryville, Ind. E. T. SPOTTISWOOD, M.D.

#### An Anencephalus Monster.

ED. MED. AND SURG. REPORTER:—

January 11th, 1879, I was called to see Mrs. L., who was about to give birth to her second child. I found the os uteri rigid, with annoying, though not effective pain; I gave her three grains of ipecac.; waited near half an hour, when the uterus acted well. Made a second examination; found the os well dilated, with a peculiar body inside which would recede from my touch, so I could not determine its character. I then ruptured the membrane, when about one and a half gallons of liquor amni passed off (the largest amount I ever met in one case). The uterus contracted quickly after the discharge of the fluid. I then found an anencephalus monstrosity, which was born in a few minutes. The child was plump, but rather small, and never respired, as the me-

dulla oblongata was absent. The auditory canal was perfect, but the pinna of the ear was unusually small and a little deformed. There was a serous membrane, with a well marked cicatrix near its centre, that lay on the base of the cranium. I did not notice a vascular tumor, as reported at the base of the skull in the majority of such cases. I do not remember of ever reading or hearing the cause of this class of deformities; but from the cicatrix and appearance of the membranes lying on the base of the skull, I concluded this case was caused by an ulcer destroying the absent part during the early period of gestation, and then healing, leaving only its footprint. If any one will furnish a better hypothesis I would be pleased to hear it.

The mother was healthy, and gave no signs of constitutional trouble. She gave birth to a perfect child about three years ago. She did not anticipate anything wrong in this case, and had no cause by which to account for the defect, as mothers usually have. The case is certainly a rare one, and one of interest to me, so I report it, for the benefit of others.

H. G. CLIPPINGER, M.D.

Pipeston, Mich., Jan. 28th., 1879.

#### Instance of False or Simulated Labor.

ED. MED. AND SURG. REPORTER:—

Not long since, Mr. N. A. called at my office, stating that his wife had rheumatism; was pregnant for four months. I prescribed the usual remedies. Did not hear anything more for about a week, when he again called, saying she was no better with the rheumatism, and that she was bloating all over, from head to feet, as he said, suffering intensely. I again prescribed, as I thought, to suit the case, but in a few days I was called in great haste to see her. Upon my arrival she was sitting in a large arm chair, having all the appearance of a woman at full term, with the addition of the cellular tissue being invaded with liquor to the fullest capacity; in fact, she made a frightful appearance. I stated to her she must have been mistaken in regard to pregnancy. She said she was not.

I proceeded to make an examination per vaginam. Was surprised to come in contact with a large sac of amniotic fluid, extending down in the vagina, the os being greatly dilated. Just at this juncture the membranes ruptured, and the amount of liquor escaping was beyond anything I ever experienced in all my practice. At this time I was almost certain that labor was at hand, and told the husband that he could calculate upon receiving an increase in his family. The lady said she felt immediate diminution of all her suffering, and after the liquor had escaped she felt no more rheumatism or any inconvenience from the anasarca; indeed, the anasarca gradually subsided, so that in two or three days the cellular tissue was in a normal condition, and remained so. After the liquor had all escaped, I proceeded to make another examination, when, to my great surprise, I found the uterus was contracted to the size of a four months' pregnancy, and the external and internal os was contracted back to a normal size.

She continued from this time on to improve, and in a few days was about her work as usual, performing the work of a farmer's house. Now why was all this? and where did this liquor in the cellular tissue go? and was this a false membrane? I ask and write this for information.

She went on in the even tenor of her way until full term, when she was delivered of a large, healthy child. Both mother and child did well, and continue so up to this time. She was the mother of eight children prior to this, and had no trouble with any of them.

J. A. HUTCHISON, M.D.

Salamonia, Ind., Jan. 30th, 1879.

#### Rupture of the Eyeball.

ED. MED. AND SURG. REPORTER:—

In May last I was called to see O. R., a carpenter by trade, who, while driving a nail, had the misfortune to have the nail rebound and penetrate the eyeball. He immediately pulled the nail out and the aqueous humor ran out into his hand. I am unable to say, positively, whether the crystalline lens was also lost at this time or not; one or two other physicians have seen the case since the recovery, and think it was. The cornea was badly torn, and the ball of the eye much flattened, from the loss of the aqueous humor. I immediately closed the eyelids and kept them closed for ten days, keeping them constantly wet with water to which had been added a little tr. camphor, using it at first cold, afterward warm, as was agreeable to the patient. At the end of ten days I opened the lids and found the wound in the cornea granulating and healing well, with the aqueous humor reproduced, and the eyeball of its usual size. The improvement continued until the wound had entirely healed, which now leaves a cicatrix about one-sixteenth of an inch long, just underneath the pupil; but about one-third of the pupil is closed by the cicatrix. Vision sufficient to distinguish objects and colors, etc., still remains. The accident resembles the operation for cataract, except in the instruments used.

H. W. HENDRICK, M.D.

Hyde Park, Vt.

#### Foreign Body in the Stomach.

ED. MED. AND SURG. REPORTER:—

The following being of unusual occurrence, and one more instance of foreign bodies taken into the stomach, please give it place in your valuable paper. On November 1st, 1878, a babe of eight months, only child of Mrs. N., was left in the sitting room while the mother was attending to her household duties, and on her return she found her child nearly choked to death; finding the stocking off one foot, she thought of the shield pin, or protection pin, and concluded he had swallowed it. She sent for a physician, who not being at home when word was left, another doctor was called in. On receiving the summons, I went to the house, but made no examination. I understood from the parents that castor oil had been ordered for the child to take at bed time. The night of November 2d the father wished me to see the babe, as it seemed

to be choking to death, and the physician who attended in my absence refused to go. I went to the house, and found the child with great apnoea, lips purple, and every indication of dissolution. Believing that, in case the child had swallowed the shield pin open, in its course to the stomach a local inflammation had set up, I adopted a palliative course of treatment. By faithful attention for several days, the child improved. I ordered him to have other food, such as oatmeal and mashed solid food, and trust to nature to accomplish the removal of the foreign body, notwithstanding the prognosis of other medical men, who claimed that no one of a scientific turn of mind would assert that the child could live more than two days with such a substance in the stomach. But such scientific sophistry did not kill the child, for just eighty-five days from the time of swallowing the open shield pin, which was one inch in length, it was passed, in great pain, at stool, in hardened faeces.

J. H. TILFORD, M.D.

Windom, Minn.

## NEWS AND MISCELLANY.

### The New York State Medical Society

Met at its regular Annual Session in Albany, on Tuesday, February 4th. The meeting was attended by about one hundred and fifty delegates. A full report of the proceedings has been forwarded by the representative of the *REPORTER*, but owing to the crowded state of our columns, its insertion is postponed until our next issue.

### Cremation in London.

Professor Gorini is, it is stated, "superintending the erection of a funeral pyre on a site belonging to the Cremation Society of London. The pyre is on the same system which has been approved in numerous cremations at Milan and other places in Italy." The works will doubtless be all that could be wished by those who approve the system. The Sanitary Council of Munich is reported to have recommended cremation under certain circumstances:—"1. After battle. 2. During certain epidemics. 3. Where the transport of bodies is difficult. 4. Where the soil is unsuited for inhumation."

### Items.

—St. Petersburg possesses thirty-five public hospitals. Of these, eleven are devoted to women, including three lying-in hospitals and one ophthalmic hospital; two are skin-disease hospitals; three hospitals for children; fourteen general hospitals; three hospitals for the insane; and one hospital devoted to men only. In addition, there are thirty six private hospitals and dispensaries in the city.

—That science is favorable to longevity seems to be attested by the mortuary record of the Royal Society for last year. Of nineteen members who died but one was under 60; six were between

60 and 70; eight between 70 and 80, and four above 80 years of age. The three foreign members of the society who died during the year were aged respectively 77, 84 and 90 years.

## QUERIES AND REPLIES.

*Dr. H. E. Z., of Pa.*—"Will you please give the best form for administering salicylate of soda?"

*Ans.*—We extract the following formula from the sixth edition of *Napheys' Medical Therapeutics*, as one of the best:—

R. Acid salicylic,	5j
Spiritus ætheris nitric,	f.3vj
Sodii bicarbonatis,	gr. lxx
Spiritus lavandulæ comp.,	f.3ij
Aque,	f.3ij
Syrupi aurantii corticis,	ad f.3vj. M.

*Sig.*—A teaspoonful every 3 or 4 hours.

"In preparing this prescription, mix the acid and the spirits of ether in a bottle, then add the soda, and afterward the water, gradually, till effervescence ceases, and then the lavender and the syrup. This compound is palatable, and agrees well with the stomach." (*Med. Ther.*, p. 430.)

*Scalpel.*—"Can you recommend an *Index Rerum* for indexing medical matters?"

*Ans.*—No special one for this purpose is prepared. The plan suggested by the Rev. Dr. Todd can be applied. We used it for some years satisfactorily. Newspaper men now prefer the envelope or card plans.

*Dr. E. G. C., of R. I.*—"Can disease be communicated by the lunar caustic? For instance, suppose a chancre is cauterized, either a hard or soft chancre, and the same stick of silver used to cauterize a canker sore of the mouth; will the syphilitic disease be communicated?"

*Ans.*—We are inclined to answer in the negative, but prefer to refer the question to our readers. Have any of them facts of this nature to report?

## MARRIAGES.

**ALVIS—SANDERSON.**—At the residence of the bride, near Chulashono, Marshall county, Miss., January 15th, 1879, at 3 o'clock, P.M., by Rev. J. D. Cameron, of Holly Springs, R. H. Alvis, M.D., and Miss Dannie Sanderson.

**CRAMP—KEEFER.**—On Wednesday, January 29th, 1879, at the residence of the bride's parents, by Rev. Francis L. Robbins, D.D., Edwin S. Cramp and Rebecca Baird, daughter of W. W. Keefe, of Philadelphia.

**DAVIS—PEPPER.**—On New Year's day, by Rev. James Vance, of Carlisle, Pa., Dr. J. C. Davis, of Mt. Holly, and Ella C. Pepper.

**PANCOAST—FERNALD.**—In Philadelphia, on the 14th ult., at the residence of the bride's parents, by Friends' ceremony, and also by the Rev. M. Ballou, Dr. S. Pancoast and Carrie A., only daughter of N. M. Fernald, and niece of the officiating clergyman.

## DEATHS.

**BARKER.**—At Jamaica, Long Island, on the 27th ult., Bessie, daughter of Charles H. Barker, M.D., aged 16 years.

**DICKEY.**—In New Orleans, La., on January 29th, 1879, Dr. W. L. Dickey.

**FITCH.**—In New York, Tuesday evening January 28th, Samuel Sheldon Fitch, M.D., son of the late Samuel Sheldon Fitch, M.D., aged 51 years.

**WILLIAMS.**—In Philadelphia, on the 15th ult., Agnes, wife of Dr. W. Williams, and daughter of John J. and Rachel S. Rowan.